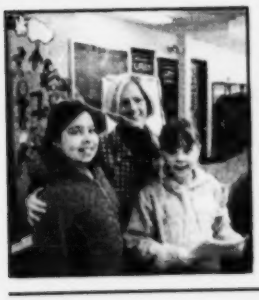
AVH
Annapolis Valley Health

2004-2005 AVH Annual Report



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SPECIAL MESSAGE FROM THE BOARD CHAIR
Dave Logie

In 2004/2005, AVH went through a change in the Office of the Chief Executive Officer. Anne McGuire, who had been the CEO since late in 2001, resigned from AVH to become President and CEO for the IWK Health Centre in Halifax. Anne led the district through an inclusive strategic planning process, though accreditation in 2002, and had started the building of a strong integrated quality framework, all of which were the important components of our establishment. Although the district will miss the flair Anne brought to AVH, we now have a strong friend at the IWK. AVH wishes her well in her new role.

Transition in any organization can be very stressful. Patti Dexter-Peck, VP Acute Care AVH, was asked to take on the role of Interim CEO. Patti put an effective plan and Team in place which provided the district with a seamless transition. Her strong leadership and guidance continues to be important asset for this district.

Janet Knox joined the AVH organization in early December of 2004 as the new President and CEO. Janet brought with her a wealth of experience, knowledge and contacts, which will aid her in the next phase of AVH's development. She has worked across Canada, overseas, at the IWK Health Centre and in the Department of Health. AVH will have new insights on which to build. In the relatively short time that she has been with us, Janet has applied her effective and impressive stamp.

This year of transition has been very challenging and exciting. As Board Chair I look forward with confidence in AVH's ability to meet the challenges of 2005/2006.

Dave Logie

Joint Message from Dave Logie, Board Chair and Janet Knox, President and CEO, AVH

Our vision of healthier people, caring communities and valued healthcare teams serves to focus our activities and direct our way. Interacting with our communities, we promote health, respond to illness and develop capacity to work together to support and improve the health of individuals and communities in the Annapolis Valley.

Our strategic directions continue to provide a focus for AVH and have been used as a framework for reporting our progress in this year.

Our Community Health Boards continued to develop their expertise and provide the District Health Authority with their Community Health Plans. The District benefited from their leadership in health promotion with positive change occurring in areas such as tobacco use and smoke-free environments.

There is considerable attention in AVH on prevention of illness and promotion of health for all our citizens. This includes initiatives to prevent injuries in our sites, in homes and communities. Our partnerships have strengthened among schools, Community Health Boards and villages to support young people in eating healthy food, being active and minimizing tobacco and drug use. We are proud of this work and will continue to build on our achievements.

A Primary Health Care Steering Committee was established to advise AVH Board and staff. The document *"Strengthening Primary Health Care through our Vision for Community Health Centres"* is the result of evaluation of the roles of professionals, teams and sites located in the Valley. It highlights next steps which must be taken to create a strong sustainable system of primary health care in our communities. The document can be accessed on the AVH website at www.avdha.nshealth.ca

End of life care is a part of the continuum of supports that all families require at some point in life. There are many individuals and groups in

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the Valley who contribute to the provision of palliative/hospice care. However, there are gaps and a lack of coordination and integration across the system. As a first step to addressing the needs, AVH hired a Manager of Palliative/Hospice Care and obtained funding for a Palliative Care Physician. They have begun to work with partners in planning a comprehensive palliative/ hospice care program for the Annapolis Valley.

During this year, we were challenged with Emergency Room and ICU capacity issues, insufficient number of inpatient beds and staff shortages in a number of areas. Recruitment efforts resulted in many new staff, physicians and volunteers joining the AVH team.

In December, 2004 the Department of Health announced funding to enhance the Emergency Room and add 21 new beds at Valley Regional Hospital. We also were provided with funds to purchase a MRI (Magnetic Resonance Imaging) which will enhance our diagnostic capability in the district and reduce travel for many of our patients. Planning for these enhancements has taken a great deal of time for our staff this year. As well, work continued on the Master Program/ Plan for the district with completion expected in the Fall 2005.

This year, we made strides in the development of information systems for the District. Planning began in January 2005 for the July implementation of the NShIS at AVH. In March, 2005 we became the first district in Nova Scotia to have full implementation of the PACS (Picture Archiving Computer System) in our Diagnostic Imaging Department.

Extreme winter weather presented unforeseen challenges on two occasions this year. Our staff, physicians and volunteers rose to the challenges and ensured safety for all.

At Annapolis Valley Health, people are our best asset. In 2004/2005, we began a journey toward organizational health by joining the National Quality Institute and pursuing its certification for excellence. This was further supported by a significant grant from the national Healthy Workplace Initiative. This grant will enable us to focus upon leadership development, engagement of staff and clients, process improvements and an integrated approach to safety.

Our district is committed to continued learning and development. While the challenges to meet the needs are great, we have enjoyed some successes.

Leadership and professional development was a focus as evidenced by the Nurse Council leadership for the Practice Environment Collaboration Program and the offering of the Achieve Workshops for managers. The Provincial Nursing Strategy provided funding which enabled many nurses to participate in continuing education.

2004/2005 brought an increase in the number of research projects being conducted in Annapolis Valley Health increasing the opportunities for continued learning for many staff and physicians. Our Research Ethics Committee has provided leadership and support to this work.

In October and November, 2004, AVH held recognition and long service events for staff, physicians and volunteers. The AAA Recognition Program was implemented across the District.

Annapolis Valley Health is fortunate to have the support of our Foundations and Auxiliaries who, through their generous gifts, help purchase much needed equipment, support renovations to our facilities and provide assistance to enhance our programs and services. Our volunteers contribute thousands of hours of their valuable time and skills to support the programs and services offered by our district. This support of time, talent and funds is greatly appreciated and enhances Annapolis Valley Health on a daily basis.

2004/2005 was a fiscally challenging year. Through careful stewardship of our funds, we were able to end the year successfully.

We want to thank the staff, physicians and volunteers for their focused commitment to the citizens we serve. Because of them, we continue to develop as healthier people, caring communities and valued healthcare teams.

MISSION

Working together to support and improve the health of individuals & communities in the Annapolis Valley.

VISION

"Healthier people, caring communities and valued healthcare teams."

Getting there through:

- Partnerships and affiliations
- A commitment to quality and continuous improvement.
- Innovation and responsiveness.
- Accessibility– timely access to appropriate programs and services.
- Tracking trends in the health of our population.
- Using information and evidence to target programs and services.
- Open and inclusive communications.
- Finding ways for our physicians, staff and volunteers to feel supported in their pursuits to grow personally and professionally.
- Creating a working environment where our staff and volunteers are motivated by seeing how their efforts have positive effects in the lives of others.

VALUES

Integrity
Our decisions and actions reflect our commitment to accepted ethical and professional conduct. We work to ensure that our conduct earns the support and trust of all segments of the public that we serve.

Accountability
We make rational, informed decisions based on evidence and we are accountable for our actions and effective management of resources.

Respect
We treat those we work with and serve with dignity, fairness and respect. Our patients are participants in decision making around their care.

Collaboration
We work together with our communities and other partners to achieve improved services and healthier communities.

Continuous Improvement
We are committed to quality, innovation and evaluation.

Stability
We are committed to programs and services that are responsive to the needs of our people and are sustainable in the future.

ANNAPOLIS VALLEY HEALTH YEAR IN REVIEW 2004—2005

HEALTHIER PEOPLE AND COMMUNITIES THROUGH PARTNERING AND LEARNING

INDICATORS OF SUCCESS

1. Measurements and targets related to the Health status of our people, are known and understood.
2. Factors that determine health are the focus for planning and service delivery.
3. There is increased access to a broad range of integrated primary health care services.
4. Partnering occurs with Community Health Boards to provide leadership in building healthier communities.

Highlights:

√ The AVH Research Ethics Committee was active throughout the year, reviewing a variety and increasing number of research proposals. For more information on the work of this group, check out the Research Ethics link on the AVH Website.

√ Staff from Rehabilitation Services (Physiotherapy and Occupational Therapy) continued to work with the Annapolis Valley Regional School Board in supporting special needs children within the school environment.

√ All five Community Health Boards completed consultations with citizens and used this information in development of health plans.

√ Community Health Boards received NS Health Promotions funding which enabled them to support local projects.

√ Community partners including RCMP, VON and Emergency Health Services and AVH completed recommendations for action to prevent the most common injuries: slips and falls, motor vehicle collisions and suicide. The Council of CHB Chairs and AVH staff will be considering the recommendations in the coming year.

√ Staff and volunteers offered a wide variety of education sessions at the Eastern Kings Memorial Community Health Centre (EKMCHC). Topics included the Women's Wellness Series supported by EKM Foundation, Chronic Pain Management series facilitated by Mental Health, Healthy Weight series run by the Dietician and an Arthritis Self-Management program.

√ The Ministers of Health approved a national immunization strategy in 2003 and $7.9 Million was provided to Nova Scotia for the introduction of new vaccines for 2004-2007. Public Health provides the school immunizations and physicians the remainder of the immunizations. This year, the 14-16 year olds, were given two immunizations instead of one. The additional immunization was for Meningococcal Conjugate C (Menjugate). There has recently been a resurgence of Group C disease in Canada and it has almost exclusively been responsible for outbreaks of meningococcal disease and it has a higher fatality rate. Public Health organized Lunch and Learn sessions for physicians to provide information on the new vaccines.

√ Public Health Services, in partnership with Addiction Services and Public Affairs, has developed a District Tobacco Strategy. The components of the District strategy reflect the provincial components, which are: legislation and policy, taxation, media and public awareness, treatment and cessation, youth prevention, community based programs and evaluation and monitoring. Key highlights of the district strategy over the past year include: 1) continued lobbying for 100% smoke free places in both local and provincial governments. The Chair of the Kingston/Greenwood Community Health Board inspired the Kings County Municipal Council to bring forward a 100% Smoke Free By-Law. Unfortunately the by-law was defeated but community support and advocacy continues; 2) support of a province wide petition lobbying for a 100% Smoke Free Nova Scotia, in which over 11,000 signatures were collected; 3) support for

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the launch of the You Choose Program, a Tobacco Media Literacy Program, available to all schools (grades 10-12) in Nova Scotia February 2005; 4) continued provision by Addictions staff of treatment and counselling for tobacco addiction, for both individuals and groups; 5) formation of a working group to initiate a review of Kids Against Tobacco Smoke (KATS), a peer education program, to bring the program up-to-date with current evidenced-based practice; and 6) development of an evaluation framework that will assess the work being done.

√ The document, "Sex? A Healthy Sexuality Resource", is intended to provide youth with factual, easy to understand information to help them make safe healthy choices before they become sexuality active. The Sexuality Education Resource Nurses worked with the Annapolis Valley School Board staff to roll out the book this year for students.

√ The Annapolis Valley Health Promoting Schools Project was initially a two and one half year project funded through the Canadian Diabetes Strategy of Health Canada. Additional funds were received for this school year from Health Canada and NS Health Promotion. The project grew from a grassroots initiative started in 1997 by a group of parents and is now in twelve elementary and middle schools. Research published in the American Journal of Public Health, March 2005, Vol. 95, No.3 highlighted the effectiveness of the Annapolis Valley Health Promoting Schools Project in preventing childhood obesity. Students from schools participating in the project exhibited significantly lower rates of overweight and obesity, had healthier diets, and reported more physical activities than students from schools in Nova Scotia not involved in this program. Discussions are also taking place with high schools to look at ways these opportunities can continue for students as they move up through the education system.

√ Public Health Services, Department of Environment and Labour and the Department of Agriculture and Fisheries held a session in May 2005, for Community Health Boards on drinking water. The purpose of the sessions was to provide Community Health Board members with an understanding of provincial legislation, the roles and responsibilities of all the players with respect to drinking water and provide an opportunity for Community Health Boards to share their activities on the topic.

√ AVH continues to financially support The Red Door Youth Health Centre and participated in interagency committees to build appropriate, sustainable ways to support the health of youth.

√ A review of the Diabetes Program was completed by NS Diabetes Care. This thorough process included chart reviews, site visits and interviews with a wide variety of staff. The comprehensive report is being used to gradually address gaps and areas for improvement.

√ Mental Health Services continue to have extensive partnership activities in the community, such as Autism Service, Day Services for Youth, Evangeline and Cornwallis Clubs, Kids Kick Off, Effective Behavioral Support along with representation on over thirty boards and committees. This approach allows for more effective and efficient service delivery and activities that promote mental health in our communities.

√ Following a thorough assessment of laboratory services at Valley Regional Hospital (VRH) in 2005, the Standards Council of Canada (SCC) formally approved accreditation of the environmental laboratory for water testing. The laboratory annually facilitates community access to water testing by placing collection kits at village offices and sites throughout the Valley.

√ In September 2004 an ISMP (Institute for Safe Medication Practice) working group consisting of the Director of Quality and Risk Management, Pharmacy and Nursing representatives formed and participated in a self assessment related to medication safety. The hospital Medication Safety Self Assessment tool (MSSA) was designed to heighten awareness of the distinguishing characteristics of a safe hospital medication system and create a baseline of hospital efforts to enhance the safety of medication use and evaluate these efforts over time. The self-assessment exercise identified areas for improvement and an action plan to address the issues has been developed in the district.

√ The Materiel Management (MM) department, that includes Sterile Processing (SPD), Porter services and Stores/Procurement functions, maintains ongoing certification and training for staff in such programs as CPR, Violence Intervention training, Transportation of Dangerous Goods (TDG),

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Workplace Hazardous Material Information System (WHMIS), Sterrad certification, CSR Technician educational sessions and the new FISH program all aimed towards creating a healthy workplace and community.

√ District pharmacy staff were involved in the Policy Development Team for Cancer Care Nova Scotia. This team met to review and develop policy and procedures for the ordering of chemotherapy drugs throughout the province. The District Pharmacy Manager is also part of the Acute Care Subcommittee for adapting the Cancer Care Nova Scotia policies and procedures for the ordering and administering of chemotherapy to fit AVH requirements.

√ District pharmacy staff started developing stronger relationships with community pharmacies in an effort to provide sufficient pharmacy services for patients in AVH.

√ Library Services reorganized and decentralized in 2004-2005 with two new librarians added. Michelle Helliwell is based at EKM Community Health Centre with responsibility for library skills training within AVH, and library service planning responsibility for patient education information management, as well as for planning and delivery of library services to departments within the Community Health portfolio. Since joining our staff, Michelle has become the western DHAs' representative to the Nova Scotia Family Literacy Network and Atlantic Canada's representative on the Canadian Health Network Advisory Board.

√ Ongoing meetings and discussions were held with Valley family physicians to resolve unattached patient/inpatient care. AVH representatives joined a Provincial Working Group to address the issues.

√ Physicians of AVH provided medical coverage during Congres Acadien summer 2004.

√ Reproductive Care Program conducted a survey of caesarean section rates at VRH with excellent participation.

ENSURING THE DELIVERY OF PATIENT AND CLIENT CENTRED HEALTH SERVICES

INDICATORS OF SUCCESS

1. Services and programs are appropriate, accessible and sustainable.
2. Programs and services are provided to individuals and families.
3. The performance of Programs and services are measured and results shared.

Highlights

√ AVH continued to face ongoing challenges- as did others across the province and country- with shortages of health professionals; overcrowded emergency rooms; lack of inpatient beds and long waits for some diagnostic tests and treatment services. We did our best, with the resources we had, to meet the needs of people in our district with a focus on patient safety and quality improvement in our service areas.

√ The Cancer Patient Navigator, a new service, continued to provide support to patients, families, members of the health care team. The Navigator was invited to speak to various community and fund raising events in support of cancer care.

√ Paramedics provided much appreciated assistance in the Emergency Room at Valley Regional Hospital over the summer of 2004, supporting patient care in a time of nursing shortage.

√ A contingency plan called "Code Purple" was developed and implemented in July at Valley Regional Hospital to provide a facility-wide, organized approach to relieve excess pressures from overcrowding in the Emergency Room. This has since been recommended as a model for use across the province.

√ A Palliative Care Family Room, furnished by Mid-Valley Palliative Care, was opened at Soldiers Memorial Hospital in the fall, providing a comfortable and supportive atmosphere for families of palliative patients.

√ Cardiac Investigation Services expanded on several sites. At Soldiers Memorial Hospital additional services of a visiting cardiologist, cardiac rehabilitation nurse and expansion of stress testing and other ambulatory monitoring- were added. The unit was redesigned and renovated for effective patient testing. Routine ECG service was reestablished at the Eastern Kings Memorial Health Centre and hours of operation were extended at Valley Regional Hospital.

√ Managers, staff and physicians participated in planning and development of standards of care with a variety of provincial groups, including the Cardiac Council Advisory Committee, Cancer Care Nova Scotia, ICONS (Improving Cardiac Outcomes in Nova Scotia) and Nova Scotia Stroke Strategy.

√ Dana McNamara-Morse, an Intensive Care Unit Nurse from Valley Regional Hospital played a leadership role, provincially and within the district, in an initiative to increase the number of families being offered and accepting the option of organ and tissue donation as part of quality end of life care. There has been a dramatic increase in the number of approaches and donors within AVH.

√ Julie Sutherland, a Nurse from Valley Regional Hospital applied for and received a Department of Health Nursing Grant to complete a quality improvement project entitled "Caring for the Surgical Patient in Pain: Educating Patients and Nurses". She presented her work at the Provincial Nursing Leadership Conference in the spring.

√ The Urology Service was enhanced with the purchase of state of the art equipment. Patients no longer have to travel to Halifax to receive laser treatment for bladder and kidney stones.

√ A harmonic scalpel purchased in December enables specific surgical procedures to be done using a laproscopic technique. Positive patient outcomes include less pain, ability to be up and about sooner and a much shorter hospital stay and recovery period.

√ Support groups continued for individuals and families living with gambling addiction, alcohol and drug addiction, prostate cancer, arthritis and other health conditions.

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√ A manager of Palliative Care was hired to assess services now available; to partner with people and organizations now offering palliative care; and to develop a comprehensive plan to support end of life care in the home or in a hospital or long term care site. A family physician with a Palliative Care specialization is an additional resource acquired this year.

√ The Healthy Beginnings Program includes a range of services and initiatives promoting health in pregnancy, infancy and early childhood. Additional Public Health staff were hired this year to strengthen this comprehensive program. They are located in Family Resource Centres in Bridgetown and Kentville and work alongside staff of other organizations who support young children. Provincial and local planning and training have been intensive this year.

√ Mental Health Services have been involved with indicator development; both on an outpatient and inpatient basis, and lead the province regarding accessibility, average length of stay vs. expected length of stay.

√ The Addictions Services program carried out a systematic review and analysis of data and best practices to develop "Enhanced Services for Rural Adolescents, Women and Smokers." With funding provided by the provincial Department of Health and the NS Health Promotion, the program hired additional staff. School-based prevention, early intervention and counselling services were developed and made available in every junior and senior high school in the area, in addition to programming for women's life enhancement, and family series programming. Treatment for nicotine addiction included assessment, individual and group treatment and where appropriate the provision of nicotine replacement therapies at no cost to the client. In all respects, the focus of programming was to address barriers to accessibility and to provide programming that was more appropriate to the need and life circumstances of targeted client populations.

√ Annapolis Valley Health (AVH) successfully implemented the Picture Archiving Communication System (**PACS**) in February and March 2005 that represented a huge leap in technology for Diagnostic Imaging (DI) in the district. Patient images (x-rays) are now available to Physicians and Specialists within the province for consultation purposes (often at the same time) through a secure web based system.

√ Information Systems (IS) worked closely with Diagnostic Imaging, Capital District Health Authority and other agencies to provide the technical environment needed to support digital access to images both within the hospital and via secure internet connections. In conjunction with the PACS equipment, additional servers and storage devices were added to implement a Storage Area Network (SAN). This is part of the long-term strategy to provide faster, more secure and more cost-effective data access from all sites. It will also relieve the support staff workload needed to handle backups and maintenance.

√ The Materiels Management (MM) department continuously monitors products, supplies and services in its Sterile Processing Department (SPD), Portering and Stores/Procurement units to provide the highest standard of care while ensuring the best possible price for supplies and services. A new Tri-District on-line supply catalogue has been implemented to facilitate ordering and delivery of product as well as prompt notification of any problems via an electronic Bulletin Board. A new Expiry Date System in MM provides improved monitoring of supplies and ensures clients do not use outdated products.

√ The Blood Collection service at Soldiers Memorial Hospital (SMH) was moved to the main level to improve access for clients and to improve the ergonomic environment for staff.

√ New equipment was acquired for Soldiers Memorial Hospital (SMH) and Valley Regional Hospital (VRH) laboratories. At SMH, the Auxiliary provided monies for a new coagulation analyzer that improved services to clients who choose to go to SMH for health care. Coagulation is now standardized in the district. At VRH, aging and outdated equipment was replaced to bring service up to provincial standards. Microbiology equipment was upgraded to meet changing standards for reporting antibiotics and the hemoglobin A1c analyzer was upgraded to improve the turn around time for this test. The immunochemistry analyzer was replaced to improve the reporting of some tests.

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√ AVH developed and implemented a Patient Safety Committee as a proactive measure to identify and manage safety issues and bolster quality improvement initiatives that support patient safety. The Committee meets monthly and will develop a work plan for the issues and initiatives that are identified.

√ In order to maintain a viable laundry service within the district, the opportunity to consolidate the laundry services within the district without staff layoffs presented itself in early 2004-05. The consolidation was completed by August 2004 which resulted in significant savings while strengthening the in-house service. This move ensures internal control and delivery of laundry services on a day-to-day basis as well as in times of disaster/shortages.

√ Fourteen Health Literacy workshops were offered to about 100 staff. These workshops highlighted the concepts of health literacy, patient-centred communication, and plain language formatting of patient information. Workshop evaluations were 100% positive, with actual workshop attendance exceeding pre-registration. Additional workshops were scheduled at the request of attendees who felt coworkers would benefit from course content.

SKILLED PEOPLE WORKING IN HEALTHY WORKPLACES EQUIPPED WITH APPROPRIATE RESOURCES

INDICATORS OF SUCCESS

1. Opportunities are created to optimize the health safety and well-being of employees, physicians and volunteers.
2. Effective recruitment and retention of professionals, physicians, support staff and volunteers is conducted..
3. Appropriate Infrastructure is present to support the delivery of programs and services.

Highlights:

√ The District Nurse Council, with members from across all sites and programs, continued to meet monthly. In May, several members gave a presentation at the annual general meeting of the College of Registered Nurses of Nova Scotia, describing the work being done in response to the Practice Environment Collaboration Project survey. They subsequently received requests to go to other districts to speak about the development of the Nurse Council in AVH.

√ AVH was successful in hiring 24 new nurses in May, 2004, including new graduates from St. Francis Xavier University, Dalhousie University, University of New Brunswick and Memorial University. Eleven bursaries were provided to Nova Scotia graduates. The district continued to maintain a proactive approach and high profile at job fairs throughout the year.

√ Approximately 11,000 hours of orientation was provided for 81 Registered Nurses and 16 Licensed Practical Nurses, including nurses newly hired to the district and those who transferred to different areas.

√ Successful recruitment of a part-time physiotherapist at the Eastern Kings Community Health Centre resulted in an extension of this service.

√ Additional resources were dedicated to the Respiratory Therapy service at Soldiers Memorial Hospital to provide Pulmonary Function Testing and an Asthma Education Resource Centre.

√ A Mobility Assessment Service was introduced within the Physiotherapy services at the Western Kings Memorial Health Centre.

√ Clinical placements were provided for Paramedic learners and for CFB Greenwood Search and Rescue Technicians (SARTs) and front Medics.

√ Edith Menzies, Chief Nursing Officer assumed a provincial leadership role as President of the College of Registered Nurses of Nova Scotia in July. Nurses in AVH and across the province have benefited through her contribution in this role.

√ AVH continued to provide learning opportunities and clinical placements for significant numbers of medical students and residents, nursing and allied health students and many other learners.

√ In November, thirty-six people participated in a pilot education module on cancer symptom management, one of ten modules in Cancer Care Nova Scotia's new inter-professional core curriculum.

√ Nursing in AVH was the focus of a full page advertising feature in the Chronicle Herald in October. Recognition was given to the district for promoting professional practice and creating supportive environments for nurses.

√ Foundations and Auxiliaries across the district made significant contributions to patient care through financial support for much needed equipment.

√ A federal Primary Health Care Transition Fund has enabled AVH to strengthen the way care is provided to patients and families. Staff working in the Annapolis, Western Kings and Eastern Kings Memorial Community Health Centres have organized "Lunch & Learn" sessions and have begun to consider how they can, together, support patients more efficiently and effectively.

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Staff participated in several opportunities to increase awareness and attention to the diverse cultures and circumstances of those they serve. Multi-disciplinary teams participated in programs to improve knowledge and skill in treating patients with arthritis.

√ A family physician and a nurse practitioner were members of a provincial group tasked with selecting systems to support electronic patient records in family physician and primary care team offices.

√ The decision was made to create space for family physician offices in the Annapolis Community Health Centre. This will provide an opportunity for all health providers to work more closely together with clients and families. Renovations will be completed late in 2005.

√ All Mental Health Services staff have been trained in non-violent crisis intervention and community and office safety. Mental Health Services have received funding from the Department of Health to expand treatment services for young children with Autism Spectrum Disorder and their families. The service has been at the forefront of provincial planning with this population and will be one of three training sites for Intensive Behavioural Intervention.

√ A Shortage of pharmacists at SMH and VRH impacted considerably on the program in 2004/05. AVH was fortunate to recruit a new District Pharmacy Manager in February 2005 to replace the former manager who retired in March 2004. Dylana Arsenault-Thompkins, BSc (Bio), BSc (Pharm), Pharm.D commenced work in AVH in February 2005 and brought a wealth of experience to the program.

√ Two GE Ultrasound units were installed in district DI services in July 2004. These units have allowed DI to perform more procedures with a higher quality of imaging. Recruitment of Medical Radiation Technologists has allowed the DI program to maintain operational staffing at all five sites in the district, even during critical summer vacation periods.

√ There is ongoing coordination and support for employees of the MM department to continuously upgrade skills and knowledge through in-services and educational programs to develop their own skills and provide greater support for clients. These programs and in-services include Transportation of Dangerous Goods Certification, annual Sterrad in-servicing by Johnson & Johnson educational consultants, Vancouver Community College Central Supply Technician correspondence course for SPD staff, attendance and introduction to Canadian Materiels Management Benchmarking, WHMIS training, and First Aid training.

√ AVH became a member of the National Quality Institute (NQI) in 2004 and is now participating in a pilot program for the integrated quality and healthy workplace Progressive Excellence Program (PEP) along with Toronto East General Hospital and Trillium Health Centre in Ontario. PEP will be used in the development of the Organizational Health Framework at AVH.

√ Throughout 2004, Information Services has concentrated on improving information delivery and preparing for major new systems (including PACS and Meditech). To achieve this all internal networks at the five AVH sites underwent significant upgrades. This included replacing older equipment such as servers and communications switches, restricting the physical network to improve traffic flow and reorganizing the server rooms to ease maintenance and troubleshooting. In particular, the server room at VRH underwent a major expansion to accommodate PACS and new equipment for back up and security. At the same time the external communications that connect the sites to each other, and to the provincial health network, have been upgraded to allow higher speed data.

√ Information Systems switched over to the Provincial Help Desk to provide centralized reporting, monitoring and escalation for all problem calls. The Help Desk handles Meditech calls but all other calls are forwarded to IS staff via email and cellular text messaging. The IS-100 process, that handles non-trouble calls such as requests for new equipment, changes and upgrades, was also revised to reduce backlogs and to provide improved tracking.

√ A new Megamation system (Computerized Maintenance Management System) enables maintenance staff to track preventative maintenance requirements and work order requests in a systematic fashion. This system tracks workload demands, resource

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availability, time allotments, and costs. It has improved the planning processes within the Engineering and Maintenance Department to ensure building systems and general maintenance requirements are being met.

√ In 2004-2005, Library Services piloted and evaluated a new service designed to support AVH health care workers communication with the public and with each other. Melanie Belliveau, a Library assistant based at EKM Health Centre worked with AVH healthcare experts to translate their healthcare information and other important messages to display format. The output from each exercise was the creation of one printed display, plus an electronic version stored on a shared drive so the same display can be printed anywhere with a click. Twenty-five "virtual displays" or storyboards were created with topics ranging from our 2005 Accreditation to dental health, mental health awareness, prostate cancer and AVH's approach to the influenza campaign. Displays have been used in Health centre lobbies as well as at conferences and health fairs. Evaluation responses from both healthcare workers and the public have been very positive. We will continue to provide and evaluate this service through to March 2006.

REPORT OF THE AUDIT/FINANCE COMMITTEE

The Board of Directors, through the Audit/Finance Committee, is responsible for monitoring Management in meeting its responsibility for the preparation of financial statements and ensuring the implementation of operational controls that protect and safeguard assets. During the year, the Board of Directors has exercised due diligence in fulfilling its oversight responsibility to the public.

Health Services Business Planning

District operational priorities and resource requirements are identified annually and communicated to the Department of Health. The Board is legislated to have a balanced budget position. Recent annual funding increases have been much lower than the increase in costs associated with the delivery of health services. (Funding has risen 2% annually, whereas costs are growing at 10%) This situation makes it extremely challenging for the Board to fulfill its mandate of maintaining and improving the health status of its residents through the provision of quality care and effective service.

Statement of Operations

The Statement of Operations reports the operating and capital revenues and expenses for the year ended March 31, 2004-2005. Gross operating expenditures for the year were $ 82.5 million of which 72.3% was related to employee compensation. Programs and services experienced differing challenges this year with significant offsetting financial results; facility maintenance and nursing demands created unexpected costs, while diagnostic and therapeutic services experienced staff shortages which created unexpected savings. In combination, these unforecasted occurrences have resulted in the District's minimal surplus of $39,046.

Statement of Financial Position

The Statement of Financial Position reports the assets, liabilities and fund balances as at March 31, 2005. In fiscal 2005, collective agreements have been settled. These are recoverable from the Department of Health; thus a significant account receivable balance is shown.

Capital Expenditures

The District's total expenditures for capital equipment procurement and infrastructure improvements during the year were approximately $ 2.7 million.

Capital funding is upon request, which challenges the District to plan for and carry out capital projects and extraordinary preventative maintenance programs. In the current year, most funds were allocated to the emergent repair or replacement of aging equipment and infrastructure. Distribution of funding has shifted from a primary reliance on the province in 2003-2004 to a balance between internal, provincial and community sources.

The District has embarked on a redevelopment plan with a $6.375 million grant from the Province which represents 75% of initial estimates. In keeping with long-standing tradition, the community is expected to provide the remaining 25%. Also, the District was selected by the Department of Health to house a Magnetic Resonance Imaging machine.

On behalf of the Board, the Committee wishes to thank the District's Foundations and Auxiliaries for their generous contributions to capital equipment and infrastructure improvements.

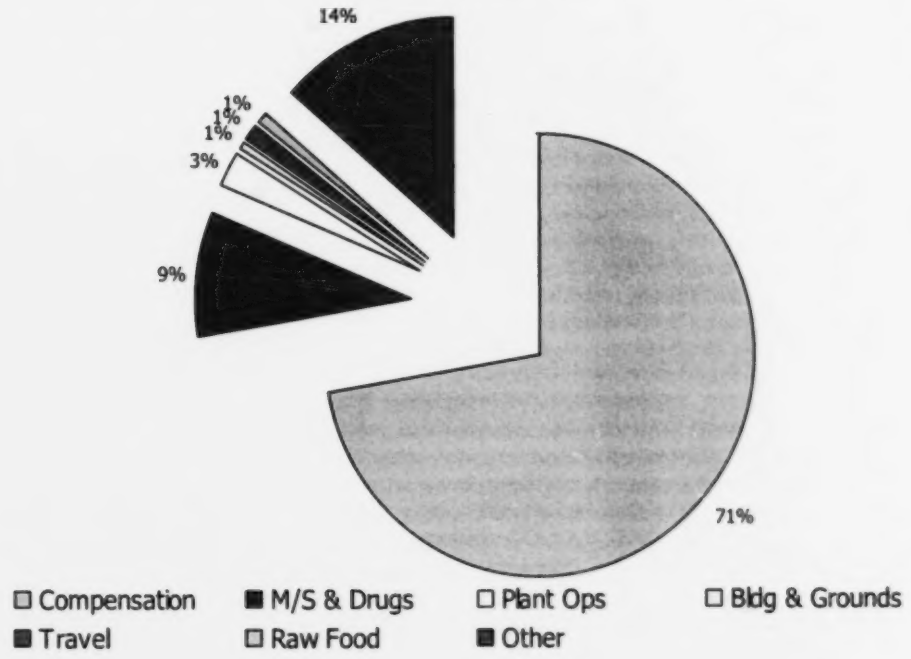
Audit Activities
Annapolis Valley Health has received from its external auditor an unqualified opinion on its 2004-2005 financial audit. The Committee has met with management and the external auditors, Deloitte, to review and discuss the audit results. To request a copy of the audited financial statements, please contact Jan MacKinnon, Director of Public Affairs, Annapolis Valley Health Corporate Office, Western Kings Community Health Centre.

Respectfully submitted,

Steve Hemenway

Steve Hemenway
Chair, Audit/Finance Committee

Annapolis Valley Health
Distribution of Operating Expenses
2004-2005



AVH Board Directors:

David B. Logie	(Board Chair)	PO Box 490,
Jim Mosher	(Vice-Chair)	121 Orchard Street
Steve Hemenway	(Treasurer, Appt. 2004)	Berwick, Nova Scotia
John Cochrane		B0P 1E0
David Hovell		(902) 538-3431
Preston Ilsley		
Barbara Kaiser		
Greg Kerr		
David Kilcup		
Steve Menzies	(Resigned: Oct. 04)	
Jim Murphy		
Jack Phinney		

AVH Executive Team

Anne McGuire	CEO	(Resigned: September 12, 2004)
Patti Dexter-Peck	VP Acute Care	(Interim CEO)
Janet Knox	President & CEO	(Appointed December 6, 2004)
Stuart MacTavish	VP Operations	
Dr. Pierre Lessard	VP Medicine	
Tricia Cochrane	VP Community Health	
Jan MacKinnon	Director, Public Affairs & Volunteer Services	
Wanda Matthews	Director, AVH Finance	
Sheila Rankin	Director, AVH Human Resources	
Dr. Richard Gould	Medical Officer of Health	
Pat Reynolds	Executive Assistant	

Community Health Boards (CHB)

Annapolis CHB
462 Main St.
PO Box. 730
Soldiers Memorial Hospital
Middleton
Nova Scotia B0S 1P0
Phone: (902) 825-6160 ext 357
Fax: (902) 825-0599
Email: achb@avdha.nshealth.ca
Web Site: www.avdha.nshealth.ca/community/achb/

Kingston Greenwood CHB
PO Box 539
Kingston
Nova Scotia B0P 1R0
Phone: (902) 765-4541
Fax: Same as phone call prior to faxing, 765-4541
Email: kgchb@eastlink.ca
Web Site: www.avdha.nshealth.ca/community/kgchb/

Western Kings CHB
Box 490
121 Orchard Street, Berwick
Nova Scotia B0P 1E0
Phone: (902) 538-7088
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150 Exhibition Street,
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Kentville
Nova Scotia B4N 3W4
Phone: 681-2524
Fax: 678-2970
Email: ckchb@avdha.nshealth.ca
Web Site: www.avdha.nshealth.ca/community/ckchb/

Eastern Kings CHB
23 Earnscliffe Avenue
Wolfville
Nova Scotia B4P 1X4
Phone: 542-1244
Fax: 542-4619
E-mail ekchb@avdha.nshealth.ca
Web Site: www.avdha.nshealth.ca/community/ekchb/

AVH Facilities

Annapolis Community Health Centre
PO Box 426, Upper St. George Str.,
Annapolis Royal,
Nova Scotia B0S 1A0
(902) 532-2381

Soldiers Memorial Hospital
PO Box 730
Middleton,
Nova Scotia B0S 1P0
(902) 825-3411

Western Kings Memorial Health Centre
PO Box 490, 121 Orchard Street
Berwick,
Nova Scotia B0P 1E0
(902) 538-3111

Valley Regional Hospital
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Kentville,
Nova Scotia B4N 5E3
(902) 678-7381

Eastern Kings Memorial Community Health Centre
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